

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028717

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED AUG 13 1962

Primary Registration District No.

1003

Registrar's No.

7588

STATE FILE NUMBER

VS 300
Rev. 4/59

1

2 226

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4 1

5 1

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7 1

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12 92-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUISLength of stay in 1b
35 YRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. - CITY-HOSPITAL #1Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1428 - MADISON - ST.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LOUISE

HARLING

4. DATE OF DEATH

Month

Day

Year

AUG. 1ST

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-20-1907

9. AGE (last birthday)

54 YRS.

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FORMERLY: WAITRESS10b. KIND OF BUSINESS OR INDUSTRY
SIMPSON-RESTAURANT11. BIRTHPLACE (City and state or country)
ALTON - ILL.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JOSEPH - BAKER

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

JOHN - J - HARLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO NONE

16. SOCIAL SECURITY NO.

0

17. INFORMANT

JOHN - J - HARLING = 1428 - MADISON - ST.

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Arteriosclerosis Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetic Mellitus - 2 years

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from about 1955 to 8-1-62 and last saw her alive on about 7/15/62
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L.D.

22b. ADDRESS

35 - N Central City, Mo 64108

22c. DATE SIGNED

8-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

AUG. 3 - 1962

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL - CEMETERY

23d. LOCATION (City, town, or county)

JEFFERSON - BARRACKS - MO.

24. FUNERAL DIRECTOR

ADDRESS

Brookland Und. Co. 1827 - HOGAN - ST.

25. DATE RECD. BY LOCAL REG.

AUG 2 1962

26. REGISTRARS SIGNATURE

Loan Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision:

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Dr. Monroe = 35 No. Central Ave. Clayton